

HHS Teen Pregnancy Prevention (TPP) Evidence Review
TPPEvidenceReview.aspe.hhs.gov

Call for Studies

SUBMISSION DEADLINE: AUGUST 31, 2015

Mathematica Policy Research seeks studies for a systematic review of the evidence base on programs that impact teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors. The Teen Pregnancy Prevention (TPP) Evidence Review is being conducted for the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Administration on Children, Youth and Families (ACYF), and the Office of Adolescent Health (OAH) within the U.S. Department of Health and Human Services (HHS). Submissions are due by August 31, 2015.

BACKGROUND

High rates of teen pregnancy, STIs, and associated sexual risk behaviors remain a troubling issue in the United States. Nationwide, 23 percent of high school students report having had four or more partners by graduation, and 41 percent of sexually active students did not use a condom during their last sexual intercourse.¹ These behaviors increase the risks of pregnancy and STIs, including HIV. Although the teen birth rate has dropped significantly over the past 20 years, to a current low of 24.2 births per 1,000 females aged 15 to 19,² the rate remains higher in the United States than in most other industrialized countries.³ It is estimated that adolescents and young adults account for half of all new STI cases in the United States every year.⁴

To help identify programs with evidence of effectiveness in reducing these risks, since 2009, HHS has sponsored an independent systematic review of the teen pregnancy prevention research literature. To date, the review team has identified and assessed over 200 program impact studies. From these assessments, the team has identified 37 programs with evidence of effectiveness in reducing teen pregnancy, STIs, or associated sexual risk behaviors. Findings from the review are posted publically on an HHS website (TPPEvidenceReview.aspe.hhs.gov). The review findings are also one of several resources available to teen pregnancy prevention practitioners and researchers through ACYF (<http://www.acf.hhs.gov/programs/fysb/resource/tpp-trainer-database>) and OAH (www.hhs.gov/ash/oah).

¹ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 2013. *MMWR*, vol. 63, no. 4, 2014, pp. 1–168.

² Hamilton, Brady E., Joyce A. Martin, Michelle J.K. Osterman, and Sally C. Curtin. “Births: Preliminary Data for 2014.” *National Vital Statistics Reports*, vol. 64, no. 6, 2015, pp. 1–19.

³ United Nations. “2011 Demographic Yearbook.” New York: United Nations, 2012.

⁴ Centers for Disease Control and Prevention. “Sexually Transmitted Disease Surveillance 2012.” Atlanta, GA: U.S. Department of Health and Human Services, 2014.

PURPOSE

This call for studies begins another round of reviews and an additional update to the review findings. The purpose of this update is to identify newly published or unpublished manuscripts not previously reviewed, particularly those released since July 2014, the cutoff for the last review update. New manuscripts will be identified through a literature search and a public call for studies. For a list of studies previously reviewed, search the study database available on the TPP Evidence Review website (<http://tppevidencereview.aspe.hhs.gov/StudyDatabase.aspx>).

Findings from this new update will be made publicly available on the TPP Evidence Review website. These findings will serve as a general update to the field on the state of the evidence and will not necessarily be tied to federal funding or any particular federal grant announcement. Funding decisions are made separately by federal program offices in accordance with their legislative authority.

To ensure that the review findings remain relevant for the field, and to help practitioners better understand the nature of the research evidence supporting different programs, this update to the review will also feature the following three changes to the review criteria and presentation of results:

- **New eligibility criteria.** To remain eligible for review, programs must have evidence from at least one supporting study conducted within the last 20 years. As long as a program meets this criterion, evidence from the full body of supporting evidence for the program will be considered for the review. For example, if a program had one study conducted in the early 1990s but another conducted in the early 2000s, the review team will consider evidence from *both* studies when assessing evidence of program effectiveness. However, programs for which the *only* supporting evidence is more than 20 years old will be excluded from future updates to the review. In addition, the cut-off date implied by this criterion will change over time: starting as 1995 for this current update, but then moving forward for any future updates to the review. This “moving window” is designed to keep the review findings current and to encourage continued research on established programs.
- **Outcome-specific assessments of program effectiveness.** Currently, to meet the review criteria for evidence of effectiveness, a program must have evidence of a positive, statistically significant impact on any one of the following outcomes: sexual activity, contraceptive use, STIs, pregnancy, or birth. More detailed information on specific program effects is presented on the TPP Evidence Review website, but this information is currently provided only for descriptive purposes and does not factor into the review criteria in a formal way. Beginning with this current update to the review findings, the review team will now conduct a more formal assessment of program effectiveness for different outcomes—for example, first assessing the program’s effects on measures of sexual activity, then conducting a separate assessment of the program’s effects on measures of contraceptive use. On the basis of this assessment, a program may be identified as having positive impacts on one type of outcome but null or no evidence for other outcomes. This approach of conducting outcome-specific assessments has three main benefits: (1) it helps users of the review better understand the nature of the evidence supporting different programs, (2) it helps facilitate a comparison or synthesis of findings across multiple studies of the same program, and (3) it better aligns with the standards and procedures used by other systematic reviews and evidence assessment

groups, such as the What Works Clearinghouse and the Cochrane and Campbell Collaborations.

- **Enhanced presentation of research findings on the review website.** In an effort to make the review findings more useful for program operators and practitioners, the review team will provide an enhanced, more-detailed description of the review findings on the TPP Evidence Review website. This enhanced presentation will include a summary or synthesis of evidence across multiple studies of the same program, as well as an expanded set of tools to filter and sort programs by strength of research evidence.

Apart from these changes, the review will otherwise follow the same protocol used for the last round of reviews (<http://tppevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>). Studies submitted in response to this call should:

- **Examine the impacts of an intervention using quantitative data, statistical analysis, and hypothesis testing.** Interventions may focus on a range of approaches to reducing teen pregnancy, STIs, or associated risk behaviors, such as encouraging teens to wait to have sex, providing information on contraception, teaching refusal skills, or discussing the health consequences of sexual activity.
- **Measure program impacts on at least one measure of pregnancy, birth, STIs, or sexual risk behaviors.**
- **Focus on U. S. youth ages 19 or younger at the start of a program.**
- **Provide a detailed description of the intervention being evaluated, study design, analysis methods, and findings.** Paper abstracts, slide show presentations, and other informal study descriptions generally do not provide sufficient information and therefore will not be considered for review.
- **Be accessible to the public through a website, as a published journal article or book chapter, or upon request from the study author.** Mathematica will not publicly distribute or publish the studies received through this call. However, to ensure transparency in the review process, any study considered for review must be available to the public. Authors should not submit confidential manuscripts or evidence that is not otherwise publicly available.

SUBMISSION INSTRUCTIONS

Submissions should be emailed in MS Word or PDF format to:

PPRER@mathematica-mpr.com

The deadline for submissions is August 31, 2015.

Authors will receive acknowledgement of receipt of their submission.